

Authorization for Medication Administration

Date

Student's Name	School	Grade
Name of Medication	Medicat	ion Expiration Date
Amount to be Given	,	**Time
Reason for Medication		
request the above pupil be given this medication while in so pupil has experienced no side effects from the medication. I d Medication information is confidential according to the Fami on a need to know basis.	agree that school personnel may	contact the provider as needed.
understand the law provides that there shall be no liability to care where the person administering the medication/proced same or similar circumstances. I agree to pick up remaining to	lure acts as an ordinarily reasona	bly prudent person would under the
 Medication will be administered by a registered nu Please remind your child that they are responsible 	,	•

WDMCS Requirements for Safe Medication Administration

Only those medications that are necessary for a student's medical care will be administered at school. Most medications that are needed even up to three times a day can be given at home and should not be sent to school.

Medication that is needed for known emergencies, such as asthma or serious allergic reactions, may be stored at school or self-administered by student with current documentation on file.

When a student's medicine must be stored or administered at school, Iowa law requires:

• Authorization is renewed annually and immediately when changes occur.

Parent/Guardian Signature_____

- 1. Prescription medication must be in its original prescription bottle. (For prescription medication administered at school, ask the pharmacist to prepare 2 labeled containers, marking one for "SCHOOL USE" so you have proper containers both at home and school.) Other nonprescription medication should be in the original container and labeled with the student's name.
- 2. Medication brought to school will be given according to the provisions listed on this form. The prescription or manufacturer's container must be clearly labeled with:
 - name of the student
 - name of the prescribing provider
 - pharmacy who dispensed the medication or the manufacturer
 - strength of the medication and the amount to be given
 - method of administration (oral, inhaled, topical, etc.)
 - specific time and specific situations the medication is given
 - current date

West Des Moines Community Schools Medication Sheet 2023-24

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hysic	sician							Medication Name										Dose								
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8/2023

Initials	Full Name	Amount Received	Date						